

MDR Tracking Number: M5-04-1288-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 12, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 01-12-04, therefore the following date(s) of service are not timely: 10-02-02

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, injections, electrodes, hot/cold pack therapy, ultrasound therapy, therapeutic activities, electrical stimulation-unattended, physical therapy re-evaluation and FCE were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 8th day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01-21-03 through 04-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of June 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/rl

May 12, 2004

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IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Correspondence to TWCC and carrier; clinical notes 03/21, 03/28 & 04/17/03; physical therapy documentation 01/27/03 & 02/06/03; FCE 03/04/03; MRI cervical spine 10/16/02

Clinical History:

Date of initial injury is given as _____. Mechanism of injury is reportedly from falling off of a ladder. On 10/02/02, this patient presented to the treating doctor complaining of acute and severe neck and upper thoracic pain. Mechanism of exacerbation is reported as being from operating a tractor. An MRI was performed 14 days later on 10/16/02. These latest symptoms were accepted as a re-injury as of _____.

Disputed Services:

Office visits, injections, electrodes, hot/cold pack therapy, ultrasound therapy, therapeutic activities, electrical stimulation-unattended, physical therapy re-evaluation, and FCE during the period of 01/21/03 through 04/17/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

Based on the information submitted, the patient was still requiring treatment 3-6 months after the re-injury event. Even the signs symptoms and diagnostic findings submitted in the request, and no submitted evidence to the contrary, indicate that the treatment in dispute appears to medically necessary and coherent with standard physical medicine and physical therapy practices.

The general source of the criteria utilized in reaching this decision is primarily derived from 14 years of daily clinical practice, first hand clinical observation, and constant interaction with other providers treating similar types of cases. Other sources considered were: (1) Evidence based practice guidelines for interventional techniques in the management of chronic spinal pain. Pain Phys. 2003; 6: 3-81. (2) Herniated disc. N: North American Spine Society, Phase 3. Clinical Guidelines for Multidisciplinary Spine Care Specialist. North American Society NASS; 2000.

Sincerely,